r								Application or Docket Number 1					
PATENT APPLICATION FEE DETERMINATION RECOR								10/21.5822					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TO	TAL CLAIMS		18				Г	RATE	FEE] [RATE	. FEE	
FOR			NUMBER FRED		NUMBER EXTRA		8/	asic fee	385.00	ОЯ	Dasic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			10 min	us 20=	. —			XS 9=		OR	'X\$18=	•	
INDEPENDENT CLAIMS			Or minus 3 =		6		H	X43=			X86*	5/600	
		DENT CLAIM P			. 6					OR		700	
_							L	+145=		OR	+290=	9/ =	
• If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												286.00	
CLAIMS AS AMENDED - PART II								SMALL E	HTITY	OR	OTHER		
	2/10/08	(Column 1) CUAIMS		(Colum	ESV	(Calumn 3)	Г	•	ADDI-	1		ADOI-	
T.		REMAINING AFTER	PREVIO		DUSLY EXTRA		RA	RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT		AMENDMENT	1 Starra		FOR O	. /		XS 9-	FEE	OR	X\$18=	·	
8	Total	• 18	Minus Minus	- 4		./	-		•	1	Yos-		
¥	PRESENTATION OF MULTIPLE DEPENDEN			TOLAIM			X43-		JOR	~~~			
								+'45=		OA	+290=		
								TOTAL DOT, FEE]OR	ADDIT, FEE		
(Cotumn 1) (Cotumn 2) (Cotumn 3)													
9	11/28/	CLAIMS REMAINING AFTER		NUN	HEST ABER KOUSLY	PRESENT		RÀTE	ADDI- TIONAL	.}	RATE	ADDI- TIONAL	
AMENDMENT 8	/05	AMENDMENT	 		FOR	-	┨╟		FEE	-		FEE	
	Total	. 6	Minus	- 2	<u>9</u> _	-	1	X\$ 9=	\longrightarrow	_OR	X\$18=	 	
	Independent	• >	Minus.		TCI AIM		łL	X43=		OF	X86=	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145=		ОЯ	+290=	1.	
SMO'S								TOTAL DON' FEE]OF	ADDIT, FE		
ADDIT FEE OR ADDIT. FEE													
0	Si	REMAINING		HG NUI	MES! MBER NOUSLY	PRESENT EXTRA	ÌΓ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT (1/20/66	AFTER AMENDMENT	ļ		FOR	- CA.III	┨┠		FEE	4	-	FEE	
	Total	. 4	Minus	- /	20	- /	١L	XS 9=	1	OF	X\$18=		
3	Independent				0 - /		11	X43=		OF	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	/ ·	OF	+290=		
:	 If the entry in column 1 is test than the entry in column 2, write "0" is column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is test than 20, emer 20. 								1	OF	ADDIT. FE		
-	If the Highest No.	unber Previously I	Paid For IN TH	S SPACE	is less th	an J. enter "J."		DOIT. FEE					